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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H R 4818) 10/612,631 Application Number FEE TRANSMITTAL July 2, 2003 Filing Date For FY 2005 First Named Inventor Charles C. Hart Yabut, Diane D. Examiner Name Applicant claims small entity status See 37 CFR 1 27 Art Unit 3734 TOTAL AMOUNT OF PAYMENT (\$) 0.00Attorney Docket No. A-2202-AL METHOD OF PAYMENT (check all that apply) Other (please identify): Check Credit Card L ☑Money Order □ None Deposit Account Name Applied Medical Resources Corporation ✓ Deposit Account Deposit Account Number: 01-2215 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) √ Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 500 250 200 100 Utility 150 130 65 Design 200 100 100 50 160 80 Plant 200 100 300 150 600 500 300 300 250 Reissue 150 0 200 100 0 0 Provisional **Small Entity** 2 EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) 22 Fee Paid (\$) Fee (\$) 22 - 20 or ы∺≕ 50 HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee (\$) Fee Paid (\$) Indep. Claims 3 200 _-3 or⊨⊫×= \sim HP = highest number of independent claims paid for if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets _____ (round up to a whole number) x _ - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) SUBMITTED BY Registration No 42,681 Telephone 949-713-8383 Signature

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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